

BOOK REVIEWS

Shared Care for Diabetes

by W. Gatling, R.D. Hill and M. Kirby.
Isis Medical Media, Oxford, 1997. No.
of pages 280. Price £22.50, softback.
ISBN 1-899066-25-X.

This book is a practical guide to diabetes care. Its overall philosophy is that of shared care. It begins by giving an outline of diabetes and the problems faced by workers in primary and secondary care. It goes on to provide information on the diagnosis of diabetes, introduces the concepts of shared care, healthy eating, how to live with diabetes, and the management of diabetes and its complications. It suggests a way in which long-term diabetic follow-up should be carried out and outlines a range of subjects relevant to diabetes care including women's issues and eye, kidney, macrovascular and foot disease. Towards the end of the book, chapters deal with planning and audit of services and potential future developments. It finishes with a number of case studies which are discussed.

Shared Care for Diabetes is an excellent and enjoyable read. It is simple, clear, concise and very attractive, with good use of flowcharts, tables and algorithms. The use of colour photography is first-class. The style is easy to read and the practical advice given is, generally, accurate and appropriate. It is written by three people who deal, or have dealt with, the problems of diabetes care on a daily basis and are strong proponents of good diabetes services as well as shared care. This is clear on reading the book, which provides extra ammunition for those attempting to improve services. Generally, it is well balanced and uncontroversial. Anecdotes and individual feelings are avoided and this carefully measured style of writing added strength to the book.

Although the beauty of this book is its simplicity, it is this which lays it open to criticism. In covering a broad area of diabetes knowledge in a small book, it could be accused of oversimplification. My own feelings are that because of its general overview of diabetes-related topics, this book is one primarily for the primary health care team rather than for hospital-based diabetes physicians and nurses. Specific criticism would include a paucity of information on diabetic impotence (less than 2 pages, of which one is a pretty illustration). The statement that urgent referral within 24 hours of diagnosis of Type 1 diabetes is *essential*

would, I suspect, lead to an increase in unnecessary weekend hospital admissions. Other criticisms are universally due to new developments overtaking the previously written text and are therefore unfortunate but inevitable.

My primary question to the authors would be: who should be reading this book? Although it is stated in the preface that it should be used as a guide for all health care professionals, would it be fair to suggest that it would be more useful to some groups than others? In a similar vein, do the authors feel that this book is more of a practical guide for less experienced primary care workers rather than, as the title suggests, a guide for shared care? I wonder, therefore, why this title was chosen.

I am sure that this book will provide an interesting and valuable read for many people interested in diabetes care.

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Costing Diabetes: The Case for Prevention

IDF Task Force on Diabetes Health Economics. International Diabetes Federation, Brussels, 1997.

The data available on the costs of diabetes mellitus and the cost-effectiveness of diabetes care are more extensive than for most other communicable diseases. This booklet, produced by the International Diabetes Federation (with the acknowledgement of Professors John Turtle and Rhys Williams as its principal authors) provides a review of the economics of diabetes and argues the case for investment in prevention. It is intended to be a 'decision-making helpmate' for those involved in health-care policy, hoping to provide an enabling tool, facilitating dialogue between decision makers and IDF member associations.

Although a sizeable proportion of any nation's health budget goes on diabetes care (which can take up to 10 % of that nation's budget), an estimated 25 % of the countries of the world have not made any specific provision for diabetes care in their national health plans. The political impetus is difficult to achieve, and easy for governments to avoid: long-term investment in health care will give long-term benefit. In the short-term, it is not easy to audit 'the leg not amputated, the eye not blind and the stroke not suffered'.

Costing Diabetes is clearly laid out, concise and easily accessible (with a series of highlighted Diabetes Facts inserts), comprehensible to non-medical readers. It is deliberately free of references, footnotes

and 'highly specialized scientific data', but contains a bibliography which documents the research on which the booklet is based, to which those wishing to do so might refer in greater depth. The contents of the booklet itself are derived substantially from the more extensive and academic WHO/IDF report 'The Economics of Diabetes Care'. Following its simple introduction 'Who should use this booklet?' and 'How should the booklet be used?', Section 2 ('Diabetes costs lives') sets out a simple explanation of 'What is diabetes?' and 'What are diabetic complications'. This is followed by the case for prevention. Section 3 ('Diabetes costs money') discusses simple facts about health economics in general, diabetes health economics in particular and the way in which costs of diabetes add up. Specific examples of the latter are sited from a number of countries around the world. This is followed by a discussion as to why effective intervention is vital in diabetes, not only in a cost-effective sense, but also beneficial in quality of life terms.

The authors stress the important role of education for people with diabetes, aimed at achieving self-care and resulting in improved quality of life, including improved glycaemic control. The result of reduction in diabetic complications thereby produces far-reaching economic benefits in both the short- and long-term. The training of primary health-care professionals is acknowledged as an important part of cost-effective prevention. It is also stressed, however, that without appropriate training of health-care professionals, the short-term savings of less costly primary care may result in additional future costs as a consequence of increased diabetic complications. Training is therefore crucial to the cost-effectiveness of preventative diabetes care.

This booklet provides a clear and concise summary of the costs of diabetes and the cost-effectiveness of long-term investment in diabetes care. It is aimed at those (politicians, managers, and others) without whose understanding of the issues involved the case for diabetes care is unlikely to be implemented. I believe that it presents this case well. The effectiveness of its case depends on diabetes health professionals making sure the booklet is presented to the right people, and both read and acted on by them.

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